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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 12/03/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology

Description of the service or services in dispute:

Lumbar ESI under fluoroscopy with IV sedation L5-S1

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male whose date of injury is XX/XX/XX. On this date he was pushing heavy metal sheets and injured his low back. He was initially treated with physical therapy and medication management. MRI of the lumbar spine dated 05/10/14 revealed at L5-S1 there is a very mild broad posterior protrusion of annulus extending 2 mm from the endplate. This is not causing significant canal or foraminal stenosis. There is bilateral facet hypertrophy and spurring. The patient underwent lumbar epidural steroid injection at L5-S1 on 11/04/14 and 01/20/15. Work hardening request dated 03/24/15 indicates that the patient underwent two epidural steroid injections. He stated the injections helped for a few weeks at a time, but the pain always returned. Follow up note dated 09/10/15 indicates that he is receiving more than 70% improvement of his back, buttock and leg complaints. He is now able to walk 30 minutes at a time. He is sleeping throughout the night. Follow up note dated 11/05/15 indicates that the patient's gait is antalgic. Over 6 months ago he responded favorably to a single lumbar epidural block with more than 70% improvement of pain, improved function and decreased medications. Now some 6 months later, he is having recurring disease. Additionally, he is showing reactive depression and anxiety. He has positive straight leg raising on the right.

Initial request for lumbar epidural steroid injection under fluoroscopy with IV sedation L5-S1 was non-certified on 08/24/15 noting that the medical records reviewed did not indicate at least 50-70% pain relief for 6-8 weeks from the most recent epidural steroid injection. There was no discussion regarding functional improvement or decreased medication intake. There was no documented attempt at physical therapy following the most recent epidural steroid injection. The rationale for sedation was not provided. The denial was upheld on appeal dated 10/12/15 noting that the updated documentation partially addressed reasons for request denial. The patient presented with adequate and sustained pain relief from the ESIs performed on 11/04/2014 and 01/20/2015. In addition, he reported improvement in terms of ADL's and a reduction in the use of pain medications. However, there remained to be no evidence of participation in active therapy subsequent to the last ESI warranting pain management through a repeat injection. Lastly, there was no evidence of severe anxiety supporting the use of intravenous sedation during the injection.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injuries on XX/XX/XX as a result of pushing heavy metal sheets. The patient has undergone two prior epidural steroid injections. Clarification is needed regarding the patient's response to the most recent epidural steroid injection. Work hardening request in xxxxx indicates that the patient reported the injections helped for a few weeks at a time, but the pain always returned. However, subsequent notes document 70% improvement for months. The Official Disability Guidelines require documentation of at least 50% pain relief for at least 6 weeks prior to repeat epidural steroid injection. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The submitted lumbar MRI fails to document any significant neurocompressive pathology. As such, it is the opinion of the reviewer that the request for lumbar epidural steroid injection under fluoroscopy with IV sedation L5-S1 is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)